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STATEMENT OF

FORM 1	ORGANIZATION						Office Use Only					
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple:If typing, ty the lines.	/ре	12FE	4M5					
SIERRA C	LUB F	POLITICAL CO	IMMC	TTEE								
ADDRESS (number a	nd street)	85 SECOND STREET 2N	ID FLR.									
(Check if address is changed)		SAN FRANCISCO				CA	L	94105		-		
			CITY		,	STATE			ZIP CO	DE		
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only one political.report@sierraclu		lress)								
COMMITTEE'S WEB (Check if is changed)	address	PRESS (URL) www.sierraclub.org										
2. DATE 04	M / D 17	2012										
3. FEC IDENTIFIC	CATION NU	MBER C	C0013536	3								
4. IS THIS STATE	MENT	NEW (N) OR	×	AMENDED	(A)							
Type or Print Name of Signature of Treasure	of Treasurer Catherin er false, erronee	Catherine Duvall Duvall Dus, or incomplete information	on may sub	[Electronically F	iled] D	ate Statem	M M 04	/ [17	20 ²		
Office Use Only				For further inform Federal Election Co Toll Free 800-424-5 Local 202-694-1100	nation conto ommission 9530				EC FOI			